

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name: McCurdy James C
 (Last) (First) (Middle Initial)

Prisoner Number: F65620

Institutional Address: California Health Care Facility

RECEIVED P.O. Box 32050
Stockton, CA 95213

FILED

SUSAN Y. SOONG

UNITED STATES DISTRICT COURT

JUN - 9 2017

CLERK, U.S. DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

NORTHERN DISTRICT OF CALIFORNIA

SUSAN Y. SOONG
 CLERK, U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA
 SAN JOSE

James McCurdy
 (Enter your full name.) Plaintiff

vs.

CCHCS Receiver, J. Clark Kelso
Defendant, et al.
Defendants
 (Enter the full name(s) of the defendant(s) in this action.)

Case No. CV-17-1043 BLF
 (Provided by the clerk upon filing)

COMPLAINT UNDER THE
 CIVIL RIGHTS ACT,
 42 U.S.C. § 1983

Amended Complaint

I. Exhaustion of Administrative Remedies.

Note: You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.

A. Place of present confinement California Health Care Facility

B. Is there a grievance procedure in this institution? YES ☒ NO ☐

C. If so, did you present the facts in your complaint for review through the grievance procedure? YES ☒ NO ☐

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

X Informal appeal: _____

2. First formal level: SQ-HC-14039462, 8-20-14, Denied;
CMF-HC-15040771, 4-13-15, Granted in part;
see attached 1. Exhaustion of Administrative Remedies
 3. Second formal level: SQ-HC-14039462, 10-1-14, Denied;
CMF-HC-15040771, 6-25-15, Denied;
see attached 1. Exhaustion of Administrative Remedies
 4. Third formal level: SQ-HC-14039462, 1-06-15, Denied;
CMF-HC-15040771, 10-30-15, Denied;
see attached 1. Exhaustion of Administrative Remedies

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ☐

☒ If you did not present your claim for review through the grievance procedure, explain why.

II. Parties.

A. Write your name and present address. Do the same for additional plaintiffs, if any.

James M. Curdy CDC # F65620
California Health Care Facility
P.O. Box 32050, Stockton CA 95213

B. For each defendant, provide full name, official position and place of employment.

DR. M. Rivero, San Quentin; DR. A. Devers, San Quentin
DR. D. Leighton, San Quentin; DR. L. Pratt, San Quentin;
DR. F. Alvarez, San Quentin; DR. E. Tootell, San Quentin;
DR. Wu, San Quentin; DR. B. Deal, San Quentin;
DR. Ja. Lee, San Quentin; DR. J. Wieland, CMF;
DR. Dutta, California Medical Facility; DR. F. KO, CMF
DR. Mathis, CMF; DR. Aguilera, CMF; DR. MO, CMF,

I. Exhaustion of Administrative Remedies
continued From Prisoner Complaint page 2 of 3.

First Formal Level: PBSP-HC-16030006, 10/20/16, Denied
PBSP-HC-16029784, 7/15/16, Granted in part;
PBSP-HC-16030048, 11/21/16, Denied
PBSP-5-16-02272, Staff Complaint, Granted in part.

Second Formal Level: PBSP-HC-16030006, 12/8/16, Denied
PBSP-HC-16029784, 9/13/16, Denied
PBSP-HC-16030048, 12/6/16, Denied

Third Formal Level: PBSP-HC-16030006, 3/10/17, Denied
PBSP-HC-16029784, 12/16/16, Denied
PBSP-HC-16030048, 4/12/17, Denied

II. Parties

continued From Prisoners Complaint page 2 of 3

DR. BA. DHILLON, CMF, DR. BICK, CMF, DR. Di tomas, CMF
DR. Rading, CMF, DR. SAUKHLA, CMF, DR. Doust, CMF,
DR. KAHLON, CMF, DR. Bozorgmehr, CMF,
DR. Ploesser, CMF, R.N. D. Mendivil, CSPC,
N.P. M. Mays, Corcoran State Prison,
DR. P. Lenoir, CSPC, RN. Balbina, CSPC, NP. I. Mathos,
NP. L. Thomas, Pelican Bay, CEO, Maureen MClean, PBSP,
CEO. D. Jacobsen. D.O, Pelican Bay, ~~XXXXXX, PBSP~~

III. Statement of Claim.

State briefly the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

Cruel and Unusual Punishment
Prison officials failure to properly diagnose, treat, prescribe medication and other accommodations for an on-going medical condition has amounted to inadequate medical care which violates the U.S Constitution's 8th amendment's prohibition against cruel and unusual punishment.

It started in the county jail before I had arrived in prison. After my arrest in January, 14. I was told by nurses and doctors that there was no indication for pain medication. They don't prescribe medication. (see attached).

IV. Relief.

Your complaint must include a request for specific relief. State briefly exactly what you want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

wherefore, plaintiff respectfully prays that this court enter judgement granting plaintiff:
1.) A declaration that the acts and omissions described herein violated plaintiff's rights under the Constitution and laws of the United States;
(see attached Relief).

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on:

5/31/2017

Date


Signature of Plaintiff

III. Statement of Claim

continued From Prisoner Complaint page 3 of 3.

to inmates without records from a previous doctor. So until I signed the releases and had the records faxed to them. I wouldn't receive any treatment. I was suffering from severe pain, Loss of sleep, Loss of appetite among other symptoms. Which caused me a great deal of grief. Even after my primary care provider had faxed my records the doctors would not continue me on my current medications. I filed a grievance and finally after weeks of pain and suffering at the third level in the grievance process the doctor agreed to prescribe pain medications. A Low dose of Ultram. Which is a narcotic. He would not increase the dose or consider anything else. These were some of the excuses they had used. "It will create more problems for you." "you have a drug history" ect. I pointed out that I had a serious reaction to the medication in the past. Which is documented in my records. The doctor and nurses both stated, "your only option is to stop taking the medication if severe side effects occur." At a low dose with Gabapentin it was helpful. I dealt with the same issues when I arrived at Sonoma County Jail. The Low dose helped, but I still had tremendous pain.

1 I was unable to eat, sleep and use the rest
2 room with ease. I came into Jail weighing
3 185 lbs or more and had lost 15 lbs in months.
4 I was sentenced in June and arrived to San
5 Quentin 6-24-2016
6

7 San Quentin State Prison

8 When I arrived at San Quentin the doctors d/c
9 all of my medications. I was in severe pain and
10 suffered many different issues related to eating,
11 sleeping, defecation and programming in a receipt
12 ion center general population setting with other
13 inmates without necessary accommodations.
14 Prison Officials denied my appeals for pain medicat
15 ion and other accommodations. Which would have
16 been helpful to me. They would only prescribe tyl
17 enol or IB profin both which could cause Liver
18 damage and other symptoms related to the
19 hepatitis C. or a Low dose of an SSRI Anti-
20 depressant for pain in which I had side effects
21 to. Also I would have to be involved with the
22 mental Health delivery system, because of pers
23 onal reasons I did not want to be part of the
24 delivery system. They have harmed me in the
25 past. In 2007 they harmed me by putting me
26 on suicide watch, stripping me of my property
27 and they transferred me to an another institu
28 tion. I never did recover any of my property

1 or canteen. They also forced medication on me
2 and raised my level of care to EOP while in
3 ad-seq. Also being in the program could endanger
4 my safety in a GP setting because of political
5 reasons. It was the mental Health staff who brought
6 this to my attention. Another reason they
7 wouldn't prescribe unformulary medication was
8 because they were afraid someone would harm
9 me for the medication. I also feel like the doctors
10 used false diagnosis in order to have better
11 reasons to d/c medications that already were
12 helpful. So they could keep me as a mental Health
13 inmate, force me to take psychotropic medication
14 for my medical issues and by fear and intimidation
15 put my life in jeopardy by destroying
16 my reputation and creating a situation which
17 would cause me to be forced onto an SNY yard.
18 medical staff would not investigate my issues
19 around eating, sleeping, defecation, ect. or
20 even attempt to treat my issues without the
21 records from my previous doctors. so I signed the
22 necessary releases forms for my outside doctor
23 and both County Jails. Even after they had
24 these records. They denied my appeal for medication
25 and other accommodations. They did however
26 do an X-Ray and blood test along with urine
27 and stool samples months later. I went out
28 to court for an 1381 in november 2014. I was

1 prescribed the same narcotic medication for my
2 issues. upon arriving to San Quentin more then a
3 month Later. They discontinued everything with
4 out a taper and refused to see me. I had a psy
5 chotic break while withdrawing from the medic
6 ations. The custody officers made intentional
7 errors on my rules violation reports and other legal
8 documents. which lead me to seeing mental Health
9 for an intake. When I refused to do an intake
10 my level of care was changed to enhanced out-
11 patient by an unlicensed social worker Mr.
12 Greene. They also violated my due process right
13 by transferring me to an special needs Prison for
14 my mental Health and medical issues without
15 an Interdisciplinary team meeting. I.D.T or
16 I.C.C, Classification Committee meeting to
17 discuss it. When all my medical and mental
18 Health issues could have been accommodated
19 at San Quentin state Prison. They had Just built
20 a Five story medical building smack dabb
21 in the middle of the Joint.

22 California Medical Facility

23 I was transferred to California Medical Facility
24 1-22-2015. This in my opinion wasn't even properly
25 equipt to treat my medical and mental Health
26 needs. I was told by the treatment team in SQ
27 when they changed my level of care to enhanced
28 out patient. They had scheduled an I.D.T for

1 the following month at which time if I partici
2 pated in groups and met with my clinician. They
3 would refer me to have my level of care changed
4 to cccms or have me discharged altogether. I was
5 taking no psychotropic medication. Also I was
6 concerned because the facility is an SNY prison.
7 For political reasons I could be a safety concern
8 in a general population setting. I was housed in
9 an eop/cccms hub. Until I had attended I.C.C and
10 my RVR's were heard and adjudicated. Then I would
11 be endorsed to a P.S.U. or S.h.U for the remainder
12 of my shu term depending on my level of care. upon
13 arrival to CMF I was on no medication. I was in
14 severe pain and suffering from numerous symptoms asso
15 ciated with eating, sleeping, defecation and progra
16 ming with other inmates. I had issues with attending
17 groups, meeting w/ my clinician, I.D.T, ect. The doctors
18 would not prescribe pain medication. They discriminated
19 against me because of my drug history. They called
20 me a drug addict. They would not treat me for pain
21 or other issues, coerced me into taking psychotropic
22 medication for my medical conditions. They made
23 excuses for not treating me. "pain medication is
24 not indicated." "These medications can make your
25 condition worse." "you have a drug problem and we
26 are worried about addiction." "people will harm
27 you for the medication." "There are no red flags
28 that indicate you have a serious issue." "we do

1 not have the necessary records to treat you. When
2 I have seen doctors and specialists in the community
3 and they have prescribed these medications. I was taking
4 pain medication for over a year before I came to prison
5 weighing 185 lbs, I was dieting and going to the
6 gym four days a week. I haven't abused drugs
7 in years and I was taking the medication as it
8 was prescribed. I was forced to go to crisis bed
9 for hospital care, while there they neglected to
10 treat me. They humiliated me and treated me as
11 a child. They gave me a false diagnosis. They
12 said I was there drug seeking and to manipu
13 late them. They put special conditions on me in
14 order to control and monitor any treatment I
15 would receive because of my drug history. I
16 had to rely on psychotropic medication for
17 pain, cramping, diarrhea, insomnia, nausea, loss
18 of appetite, weight loss, ect. The doctors preten
19 ded not to have any of my past records and I
20 was denied access to any of my records for
21 appeals and other legal matters. They also used
22 that as an excuse not to prescribe medication
23 or treatment. The doctors would not assist with
24 pain committee or grant accommodations or a
25 medical diet. They refused to treat me for hep C
26 or change my physician in order to get proper
27 care. They denied all of my appeals. I also be
28 gan to act out which created more problems

1 more problems with rules violation, Longer sentence
2 ect. I was coerced into taking psychotropic medic
3 ation in order to get my level of care changed so I
4 could transfer to a shu facility. Also to participate
5 in groups and meet with a clinician. They treated
6 my pain and other symptoms with anti-psychotics
7 which made my conditions worse along with new
8 and more severe symptoms. They would not pre
9 scribe medications for anxiety and attention
10 Deficit Disorder that I have taken in the past
11 because they are unformulary. Which caused
12 more stress I also had side effects to some
13 of the medication affecting my sleep, appetite,
14 defication, behavior, mental Health issues, ect.
15 I was transferred to CSP 8-18-2015.

16 Corcoran State Prison

17 I was transferred to CSP After receiving
18 an RVR for attempted murder on a peace
19 officer. They put me in the MHCB, Mental
20 Health Crisis bed. again the psychiatrist
21 stopped the medications I was on. I still was
22 taking diarrhea medication, fiber, Dicyclomine,
23 and ant-acids, but all psychotropic medicati
24 on was d/c. I suffered greatly physically,
25 mentally and emotionally. I had issues w/
26 sleep, anxiety, diarrhea and pain. I was tak
27 ing those medications for the past six months
28 while being treated for my mental Health

1 issues that lead to me getting my level of
2 care changed. Also the doctors forced me to
3 take anti-psychotics. Told me if I refuse they
4 would give me a shot. They tried me as a Kayhea
5 case. Which was dropped later because of my
6 compliance. They denied my appeal for medication
7 would not prescribe the medications I was on
8 previously Remeron, Strattera and Gabapentin.
9 The medical doctors would not prescribe pain
10 medication or issue a medical diet, treat me for
11 my stomach issues, ect. They referred me back
12 to Mental Health for medication and treatment.
13 After I was discharged from MHC B and I had
14 arrived in the shu I stopped taking the anti-
15 psychotics. I also stopped meeting with my
16 Clinician and attending groups. After six
17 months I was discharged from the mental
18 Health delivery system in March 2016. Upon
19 transferring from CMF I never received my
20 property. They denied my appeals. Custody would
21 not give me any relevant documents or make
22 copies for supporting documents on appeals. The
23 doctor still would not prescribe medication.
24 Again they did blood tests, urine and stool
25 samples. I was still suffering from several
26 symptoms weight loss, rectal bleeding, vomiting
27 nausea, pain, cramping, diarrhea, insomnia, ect.
28 I was prescribed dicyclomine, fiber, ant-acids

1 and diarrhea medication. Also they prescribed some
2 nutritional Drinks because of weight loss. I was
3 down to 138 lbs. I never did attend an I.C.C.
4 Shortly after they discharged me from the delivery
5 system. They transferred me which violated my
6 Due process rights. I was in corcoran for eight
7 months never attended an I.C.C. Committee.
8 I had a projected merd of May 2017. I was very
9 upset, out of nowhere they decide to transfer me.
10 belly chained for 10 hours with my medical issues.
11 I was cell extracted and transferred anyways. I
12 also received another rules violation.

13 Pelican Bay State Prison

14 I arrived in Pelican Bay state Prison 4-18-2016. I
15 was housed in the S.H.U. Then after a few days I
16 was excluded from the shu by a psychiatrist. PBSP has
17 a different policy. I was rehoused in short term Res
18 trictive housing at the CCMS level of care. Then
19 while in I.C.C. I was told I would have to be
20 off of medications for another six months before
21 they consider discharging me again. They had made
22 a mistake in corcoran and they need more time to
23 determine IF I am high risk. Then the nurse
24 practitioner d/c all of my (KOP) medications
25 I was prescribed until certain tests were com
26 plete again blood tests, urine and stool samples. I
27 was prescribed no medication for my medical
28 Issues. I was in severe pain. I dealt with

1 cramping and diarrhea. I had lost weight and
2 had trouble sleeping. I suffered with nausea,
3 vomiting and rectal bleeding. I believe the
4 nurse practitioners agenda was to use this
5 tactic in order to get me to participate in
6 mental health treatment and take psychotropic
7 medication for my I.B.S. and other issues and
8 to keep me in short term restrictive housing
9 where I have less access to the care I need.
10 This technique worked. I was forced to rely
11 on psychotropic medication in order to get
12 some type of relief. The nurse practitioner
13 refused to issue a medical diet, special medical
14 transport, lower bunk chrono, or prescribe any
15 previous medications I have been on and
16 that were helpful. When I asked if she could pre
17 sent my case to their pain committee she said absol
18 utely not because I am a drug addict. She said
19 all my other medications weren't indicated neither
20 was a special medical transport, lower bunk chrono
21 or a medical diet. I am currently going to court
22 for a previous RVR and I am belly chained on
23 the bus and am unable to use the toilet for
24 10-12 hours before arriving at another institution.
25 I have 8-12 bowel movements a day and I
26 would have to fast for a day prior to being
27 transported. a special medical transport cuts
28 the time in half. I also have issues in the

1 cell with other inmates because of my issues. I
2 need to use the toilet at a moments notice. I
3 also went on a hunger strike when they d/c the
4 KOP medications and nutritional drinks and not
5 issuing an medical diet for over two weeks I was
6 on strike and lost nearly 20 lbs.

7 8 Bad Living Conditions

9
10 Prison Officials were deliberately indifferent.
11 which lead to a serious deprivation of the
12 minimum civalized measures of petitioners lifes
13 necessaties that created bad Living Conditions.
14 which violated petitioners 8th admendment
15 right to the constitution.

16 Since I've been incarcerated I have been
17 discriminated against because of my drug history
18 Certain officials treated me harshly and I have
19 suffered greatly, physically, mentally and
20 emotionally. They have violated my constitutional
21 rights by not giving me adequate medical care and
22 ignoring my medical needs which has lead to bad
23 Living Conditions and have endangered my
24 personal safety. They have created these bad
25 Living conditions by not treating my pain
26 and other symptoms with medication I was
27 previously prescribed. Failed to order a medic
28 al diet or other accommadations that would

1 of been helpful. Would not let me discuss my
2 medical concerns with a dietician. So I can
3 get a medical diet for my specific needs. I was
4 forced to rely on religious diets for relief. Which
5 added to my stress having to exclude a great
6 deal of what I was served. It's caused
7 malnourishment and weight loss. Also I still
8 suffered with pain and other symptoms. certain
9 Prison officials endangered my safety when
10 putting me in a general population setting w/
11 out a lower bunk chrono and other accomma
12 dations. which resulted in cell fights and other
13 problems. Also they forced me to be a participant
14 in the mental health delivery system for therapy
15 and medicinal reasons all as a immediate
16 result from pain and other symptoms. While
17 being an active member in the delivery system
18 they have endangered my safety and have
19 violated my due process rights by transferring
20 me to an SNY Prison without a hearing.
21 I.D.T, I.C.C and coerced me into taking
22 psychotropic medication. so they could have
23 ultimate control over me and my decisions.
24
25
26
27
28

Statement of Facts Continued

When I was a child I seen a family doctor for issues related to medical and mental Health. I was prescribed medications for my anxiety, anger, mood, depression, ADHD. I was prescribed Ativan, Valium, paxil, effexor, prozac, Ritalyn, adderal, Sarafem, ect. I started using drugs when I was in my teens. Marijuana and Alcohol with my friends on the weekends. I started using heavier drugs at 18 or 19 years of age. I tried meth and heroin and used intravenously and contracted hepatitis C. I was just experimenting and really haven't used that way since. I started coming to jail and other institutions soon afterward. I first came to prison in 2006 for car theft. I wasn't out of prison 3 days and was back in on my first parole violation. I never checked in. I was violated for resisting arrest. That's how my life has been for the last 10 years. In and out of prison for petty crimes like attempted robbery, drug possession, transportation. The longest I've stayed out of prison from 2005-2011 was for 3 months before coming back on new charges or violations of parole. I was busted back in 2011 for the case I'm in for now serving a seven year sentence and haven't used since. I was arrested with a small amount of heroin because of my priors and record they offered me four years in

1 prison for the possession. I was desparately trying
2 to get a program. They offerred me a Long term in
3 a program, 1 year in Jail and 5 years probation.
4 I accepted their bargin. After the program I
5 decided to move into a halfWay house. I was
6 determined to stay off of drugs and out of Jail.
7 I enrolled in the Junior college in Santa Rosa.
8 I took classes to become an automotive tech.
9 While Living in the halfWay house I attended
10 counceling, 1 on 1, and group therapy once a
11 week. I had a membership at 24 hour fitness
12 I did therapy and seen a dentist, optomatrist
13 and a primary care provider at Vista Health Clinic
14 in Santa Rosa. I was concerned with hepatitis C
15 and chronic pain. I was diagnosed in 2010 while
16 in prison. I started suffering with pain and other
17 stomach issues around the same time. I had severe
18 cramping, fatigue, nausea, diarrhea, ect. It felt
19 Like the wind was being taken from me. Like when
20 you get hit really hard or fall and cant catch your
21 breath. It would last for hours. I also had mental
22 Health issues as well. In prison and out I took
23 medication. I've had a few episodes where I've had
24 auditory hallucinations and pyschosis. I also suf
25 fer from ADD, Attention Deficet Disorder, anxiety,
26 depression and mood disorder. I was also recieving
27 SSI, Social security income in the community
28 for these issues. I started seeing DR. Anthony

1 Limm at Vista Health Clinic November 2012. In
2 Santa Rosa for several reasons including abdominal
3 pain, hepatitis C, mental Health, ect. I was referred
4 to other professionals to properly diagnose and treat
5 what I suffered from. I Lived in the half way
6 house from November 2012 to 2013. That whole year
7 I was on pain management seeing Doctors from
8 Vista Health Clinic, until my arrest in January
9 2014. (see exhibit B, vista Health records) I was
10 arrested for resisting arrest. I also recieved a
11 battery for an assault which occurred while
12 in custody, my probation was violated and I
13 was sentenced to seven years state Prison.
14 The suspended sentence I agreed to as part
15 of the plea bargain. I accepted in Aug 2011.

17 Napa County Jail

18 I was arrested in napa for Assault and
19 resisting arrest in January 2014. I scheduled
20 an appointment with the doctor and mental
21 Health over my condition and medication because
22 se they would not prescribe the medications I
23 had arrived on. They prescribed some Remeron,
24 but would not treat my abdominal pain until
25 they had the records from my prior doctor. I
26 sent a release of information to get those
27 records and a grievance. I suffered with
28 pain and other symptoms for over a month

1 before finally getting a little relief at the
2 3rd level in the grievance process. The doctor
3 had recieved my records. The doctor prescribed
4 Tramadol, prilosec and pepto bismuth. It did
5 Little for the level of pain I was experiencing
6 I had difficulty eating, sleeping and defacat
7 ing.

8 Sonoma County Jail

9 I was transferred to Sonoma County in
10 march 2014 after 3 months. I had Just
11 transferred my probation to sonoma County.
12 When I arrived in Santa Rosa the doctors were
13 reluctant to prescribe the medications I had
14 Just been prescribed in napa. They discontinued
15 everything. I went through the same process
16 as before and recovered the records from my
17 primary care provider. The doctor prescribed
18 tramadol and mental Health psychiatrist
19 prescribed gabepentin for the pain, anxiety,
20 and mood disorders. This is when the nurses
21 and doctors started discriminating against
22 me because of my drug history. I mentioned
23 the hepatitis C. and how I contracted it.
24 Some I.v drug use in the past. They would
25 not change the dose on my medication. They
26 would not change the dose on my medication,
27 would not change the medication to anoth
28 er narcotic pain medication. I had told them

1 I had a serious side effect from the medication in the past. They advised me to stop taking
2 it if side effects occur. Even knowing I've had
3 trouble taking tramadol in the past. They would
4 not give me the option of another medication.
5 They prescribed the lowest dose possible. After
6 stopping other stomach, heartburn and diarrhea
7 medications, I dealt with this for another 3
8 months. Not knowing when they were going to
9 stop the medications altogether because the
10 nurses would threaten to stop the medication
11 every other week. I soon transferred to San
12 Quentin.

13
14 San Quentin State Prison
15 upon arrival I had another incident and
16 ended up in ad-seg for Battery on an inmate. I
17 seen the nurses, doctors and psychiatrists. I
18 answered all their questions about my medical,
19 mental health and drug history. I talked to them
20 in regards to my medications I was on along w/
21 the hepatitis C and treatment options. They
22 explained to me that all the medications were
23 going to be stopped without prior records from a
24 doctor. I signed a release of information in order
25 to get all my records for them once again. I
26 hoped they would continue me on the medications.
27 They did not. They tapered me off of the tramadol
28 and gabapentin after 2 weeks. I was in serious

1 pain. Even though the low dose of Ultram did little
2 for the pain. It helped with appetite and I
3 was more comfortable eating and sleeping. On
4 6-24-2014 I arrived in San Quentin. I was currently
5 taking tramadol and gabapentin. (See exhibit C 1-14,
6 transfer of medical information, doctors orders, non formulary
7 drug request, and medication administration record.) I also
8 want to note that on exhibit C page 2 medication admin
9 istration record. In the left hand corner w/ known codes.
10 There is a statement I believe to be. "saving and selling."
11 which I determined to be a type of discrimination by the
12 doctor. I have never saved or sold my medication that was
13 prescribed. They had orders to crush and float the medication.
14 Also they randomly check your mouth when dispensing the
15 medication. Also there will be no records disciplinary or other-
16 wise stating I did anything with this medication besides take
17 it as prescribed. I also want to note on the transfer of
18 medical information, exhibit C, under problems, opiate use
19 is the first to be written and the RN, didn't take the time
20 to jot down the medications that I was previously on.
21 Also on 6-26-2014 exhibit C, page 6 doctors orders. Dr Deal
22 ordered gabapentin taper for a 29 year old "heroin addict". on
23 gabapentin taper thank you. I immediately appealed. They
24 partially granted the appeal at the first level, and denied
25 it at both the 2nd and 3rd level. which I did not receive
26 back until January 2015. see exhibit D page 1-9, health
27 care appeal, 1st, 2nd, 3rd level response. I was in San
28 Quentin from June until November 2014. They stopped

1 my medications. I decided to get off of mental Health
2 services altogether and was discharged in October. I still
3 seen the doctor for my pain. I also went threw the 2nd and
4 3rd level appeal. They prescribed IBprofen, acetamenophen,
5 and elavil, see exhibit C 10-14, medication records. I had
6 side effects to the medication, vomiting, nausea, cramping, pain
7 Loss of appetite, trouble sleeping, ect. In my first appeal I
8 mentioned other accommodations. I requested a medical
9 diet and Lower bunk chrono because I'm up and down all
10 night using the bathroom. It would make it easier to live
11 with a cell mate. I went back to ad-seg shortly after
12 being released to gp. I went back to ad-seg 9-12-14,
13 for a cell fight no force, see exhibit E 1-4. I wasn't
14 out of ad seg one day. Even after all the doctor visits
15 emergency tTA trips and Rules violations. They refused
16 to prescribe my previous medications or issue any of
17 the accommodations that could of been helpful. The
18 doctor had recieved my records. When I seen Dr. pratt
19 for 2nd level appeal response, she denied my appeal.
20 see exhibit D 1-9. She said she had recieved my
21 records and in her opinion "It was bullshit". she said
22 she would not give narcotics for scar tissue and I was
23 allergic to tramadol. I had explained to her that in
24 a low dose it was helpful. She didn't believe a word
25 I said. I asked for the records for personal use and
26 she advised me to send another release of informatio
27 I had already sent 2 or 3 forms out already. So
28 part of the reason for my denial on 2nd and 3rd

1 Level appeal was because I had none of my records
2 for attachments to prove my side of the argument. on
3 october 22nd 2014, I went to ad seq for an attempted
4 murder on an inmate, not long after I had arrived in
5 ad seq. I had Filed a 1381 and was transferred back
6 to napa county Jail for court. upon arrival I was presc
7 ribed tramadol and colace for my abdominal pain. I was
8 out to court for over a month. This time when I came back
9 to san Quentin they did not even attempt to taper me off
10 of the medications. I was in a great deal of pain, I had
11 severe diarrhea, I could not sleep, I was vomiting, nausea
12 and could not eat. I felt Like I was going to die. The
13 doctors refused to see me. I didn't get into see the
14 doctor for more then a month, see exhibit F1-4. on
15 the transfer of information it states I should recieve
16 immediate attention. It also states in medical problems
17 poly substance abuse, possible bi-polar v. schizophrenia
18 It states the medications I was currently taking
19 but RN Larsen did not however mention the reason
20 for them. Nothing about my abdomin condition or
21 scar tissue that could be the reason for my pain. I
22 was a month before I had seen a doctor. I put in
23 countless medical slips requesting a doctor to treat my
24 on going pain. Also for 3 weeks I was in pain. I had
25 experienced nausea, diarrhea, severe pain, loss of my
26 appetite, loss of sleep, ect. Also I needed to know my
27 treatment options for hepatitis and my abdominal
28 pain. They did no tests. I also recieved the 3rd level

1 appeal response which was denied (see exhibit D 1-9.)
2 (also see exhibit F page 2.) I seen Dr F. Alvarez
3 1-8-2015, I explained to him that I have been
4 submitting health care slips since my arrival over
5 a month ago. They did not taper me off of the medication
6 I arrived on. That I had been experiencing severe pain
7 and other symptoms related to I.B.S. That it could have
8 been the cause of my lower back pain. He asked me if I
9 had been exercising. I said I have been attempting to
10 workout in the cell more. He asked me about my diet. I
11 said that certain foods aggravate my symptoms. He said
12 I was being seen to give me the results of my lab work
13 and he didn't have time to talk about my other issues.
14 Then he lies in his report. Also when I had arrived at
15 San Quentin in December. Custody had made an error
16 on my I15 RVR report. They had me as CCCMS level of
17 care. I had just been discharged from the delivery
18 system in October 2014. I was scheduled to speak with
19 the psychologist. I had seen Mr. Greene and explained
20 all the symptoms I was having due to withdrawing
21 from medications and other symptoms. I told him I
22 had no interest in becoming part of the mental health
23 system. He encouraged me to do an intake. When
24 I refused he changed my level of care to EOP.
25 I was angry and felt like I had been attacked
26 and taken hostage against my will. I thought it
27 over a few days and decided cooler heads prevail. I
28 went into I.D.T, Interdisciplinary treatment team

1 meeting with a new attitude. I listened to what they
2 had to say. They said that they changed my level of
3 care because I refused to talk. I would not do an
4 intake and he felt by some of the things I had said
5 that I needed to participate in mental health treatme-
6 nt. I told them now I am fine I would like nothing
7 more than to be off mental health services altogether.
8 They said if I participate in group they would know by
9 the next I.D.T. I agreed to participate in group,
10 maybe a yard and see how it went before I started
11 taking medication and we would discuss it in a month
12 at the next I.D.T. I went to 1 group, 1 yard and I
13 had a session to see him. I went in with a positive
14 attitude and told him the things I was doing with
15 my time like writing, reading, drawing, ect. He ask
16 ed me to sign a form that would OK him to give me
17 mental health tx because he was an unlicensed
18 social worker. I told him I wouldn't have a problem
19 signing it. you've already took me hostage and forced
20 me to participate in your groups against my will. What
21 more can you do to me? I said it jokingly of
22 course. The very next day I was told I was
23 transferring to vacaville state Prison for my
24 medical and mental health. (see exhibit G 1-25.)
25 transfer of Health care transfer information)

26 Vacaville State Prison

27 I arrived at vacaville 1-22-2015. Shortly after
28 arriving at CMF I was in severe pain. It was

1 worse at times and the pressure would make me
2 feel as if I would pass out. I was housed in m3
3 the eoplcccms hub ad seg unit. I was seen by
4 Dr. Wieland for my issues. (see exhibit G pg 2.)
5 He describes my condition. Then he describes the
6 dates and times where I was seen by an out-
7 side doctor. So they Lied to me about having
8 my records. I went to B1 clinic emergency T.TA
9 2-9-2015, Dr. Dhillon prescribed tylenol #3 and
10 maalox. (see exhibit G pg 3.) primary care pro-
11 vider notes dated 2-10-15. (exhibit G pg 4.) Dr. KO
12 states, here today for f/u tta visit for abdom-
13 inal pain. "Apparently pt mentioned abdominal pain
14 at intake", he says that patient has poly substance
15 abuse, persistent in requests for tramadol or tylenol #3.
16 He states my abdominal pain lacks red flags and my
17 description of what I experienced was vague. There
18 is no indication for pain medication. I had seen Dr.
19 Wieland. explained my condition explained my
20 history and asked to review my records. When
21 asked what medications that have worked in the
22 I told him. Also that I have had trouble with
23 certain foods and I was concerned w/ recent
24 weight loss. He said he would have to review my
25 records before prescribing any medication.
26 (see exhibit A, signs and symptoms, diagnosis /differ-
27 ntial diagnosis and medication.)
28 I was seen by Dr. Aguilera 2-11-15. I couldn't

1 sleep due to pain and other symptoms. It felt
2 Like someone had hit me in the stomach and
3 had a hold of my spleen and was squeezing until
4 I would pass out. When I seen the doctor. He
5 immediately coped an attitude. He told me he
6 would not make an order for tylenol #3 because
7 he had recieved my records and I have a drug
8 history, my explanation of symptoms is not con-
9 sistent with scar tissue or my previous diagnosis.
10 narcotics are not indicated. When I asked him
11 how he was going to treat me. He said he wasn't
12 and motioned for the officers to take me back to
13 my cell. When I raised my voice and demanded
14 some type of treatment. He said, I think your a
15 drug addict down here pretending to be in pain to
16 get narcotics and he told the officers to bring
17 me back to my cell. While getting escorted back to
18 my cell. I told the officer I would not go back
19 to my cell without some type of treatment. I was
20 feeling suicidal and I felt Like hanging myself
21 because how the doctors were treating me. They
22 moved me to crisis bed. (see exhibit G pg 5.)
23 The RN states, when asked patient about his ab-
24 domin his explanation was vague. His vitals,
25 heart rate 52 bpm was not consistent with som-
26 eone in that amount of pain. He also says I have
27 a history of meth and heroin use, no red flags and
28 that I become angry. I gave the best description

1 I could at the time to the level of pain I was ex-
2 perencing, my wieght loss and diet. Then he wants
3 to tell me Im Lying because the machine says my
4 heart rate is 52 bpm. That could be Ive only Laid
5 here for hours waiting to be seen, 52 bpm is pretty
6 Low. Are you sure I wasnt asleep? Not to mention
7 the note coming from 3 different doctors and they
8 all said the same thing, that my description was
9 to vague. If thats a good enough excuse not to
10 treat me. (see exhibit G pg 5, 6, 7.)

11 3-5-15 notes, Chronically has abdominal pain 24/7.
12 States he has nerve damage and simply wants
13 tramadol or gabepentin. No indication for tramadol
14 or gabepentin. (unFormulary.) (see exhibit G pg 8.)
15 progress notes dated 3/7/15, I went to emergency
16 t.t.A early morning. They called Dr mathos after
17 taking my vitals. (see exhibit G pg 9, 10, 11).

18 He came in and did an examination. In his sum-
19 mary he goes on explaining what took place during
20 his exam. He said he offered tx for functional abdom-
21 inal pain, constipation, Lactulose, but I had declined.
22 He lied about offering me this treatment. He said
23 my symptoms are most Likely from indigestion. The only
24 treatment he can offer are ant-acids. Then towards
25 the end of his summary in assessment. He said, "I
26 actually thought that his description was pretty
27 good, but with normal Laboratory testing, normal
28 exam w/ history of drug use and requests for gab-

1 apentin and tramadol. I have to agree with primary
2 care provider KO and T. T. A. Aquilera that a more func-
3 tional, possibly drug seeking behavior is the cause.
4 Like they are making a game of this. It has something
5 in common with all them all saying in their reports
6 that my description was vague. I take this to be
7 discrimination because of my mental Health diagnos
8 poly substance abuse history. Also he states he
9 will f/u in a month at which time his records may
10 be present, which could be a case of negligence to
11 wait a month before treating me. Also I filed to
12 get those records for them and for my personal use
13 several times. Here it is almost a year later and
14 hes pretending not to have access to these records.
15 (see exhibit G pg 2.) Dr Wieland stated he looked into
16 my prior records. Dr. Mathis didn't do anything for
17 me. His promise to offer me treatment was a lie.
18 He didn't offer me any medication for my on-going
19 issues. difficulty urinating, nausea, diarrhea, pain,
20 weight loss, difficulty eating, sleep deprivation,
21 Then he says I am drug seeking. The very next
22 day I had issues and they would not respond.
23 The officers said that the doctors told them that
24 my needs have already been addressed not to escort
25 me back to B1 clinic if I complained of any of
26 my on-going issues. I started a hunger strike. I
27 refused all of my meals until I could speak with
28 my doctor. So I can get necessary treatment for

1 my issues, get my medical records and do necessary
2 tests. (see exhibit G pg 12, 13, 14.)

3 I Finally seen a doctor 3/13/15, I met with Dr. Ko. I
4 mentioned my issues. He gets quick to the point and
5 rushes me out of his office before I can achieve
6 communication. I could see that it was going to
7 be difficult to get anywhere with treatment,
8 medications or working towards a medical

9 diet. He told me the medications were unformulary.
10 He cant prescribe narcotics. Thats the reason I bro-
11 ught the pain committee to his attention. Also the
12 appeal process to see if he was willing to help assist
13 me with my records, treatment and pain committee.
14 He was reluctant. He pretended not to have know-
15 ledge of it. I told him that if he wasn't willing
16 to help me with committee, diet or medications.

17 I would find another doctor and appeal the decis-
18 ions made by him and dr Aquilera. I didn't like
19 the way they treated me. He then raised his voice
20 told me he cant make tramadol and gabepentin
21 just appear and he rushed me out of his office.
22 no other tests were done. (see exhibit G pg 15.)

23 was on hunger strike 3/9 - 3/12/15 (by pt report)

24 I seen Dr Ko 2 weeks later and brought my
25 diet to his attention along with everything
26 else records, pain committee, symptoms, ect. I
27 mentioned not drinking milk to see if that
28 might help. He states I'm likely lactose intolerant

1 He didnt offer me any type of assistance, infor-
2 mation or plan for a new diet, or a diet without
3 dairy products. I was concerned because milk is
4 a big source of protien and other vitamins that
5 I would need. So I asked if they would supply
6 a substitute for the dairy in my diet. He said
7 no. to Just avoid them. (see exhibit G pg 16.) was
8 in t.t.A For some reason, pt claims he has outside
9 medical records, to support the use of gabapentin
10 and tramadol for his abdominal pain, when asked
11 who his doctor was? he dont know. Finally pt retr-
12 ospectively notices his symptoms worsen anytime
13 he drinks milk, I took it upon myself to put in a
14 request to speak with the dietician, who after 3
15 weeks finally seen me, she said the same as the
16 doctor, to just avoid dairy for awhile and th-
17 ere will be no need for a substitute. I also
18 mentioned my diet, symptoms, ect. They couldnt
19 make any changes to my diet without word
20 from the doctor. Just avoid the foods or dairy
21 that can make my symptoms worse. In other
22 words Just dont eat. So I got the ball-rolling
23 myself I looked into a religious diet to see if that
24 may help and avoided all dairy. I went on a veg
25 atarian diet. Also I ruled out lactose intolerance.
26 Didnt have any significant change to my symptoms
27 Also I sent the necessary forms for my medical rec
28 ords. I could not understand why the doctors here

1 had no access to these records. They had receive
2 them in San Quentin for my first appeal. So I
3 Filed another appeal 4/7/2015. (see exhibit I 1-6.)
4 I notify Dr. KO of the appeal that I was at-
5 tempting to receive better medical care. I men-
6 tioned pain committee, my records, ect. Then all
7 of a sudden he has access to my records, He's
8 ready to present my case to pain committee.
9 On May 11th I was interviewed by the Chief
10 Surgeon M. Di Tomas. I was asked about my con-
11 dition and history of medications. She said she
12 would be reviewing my case at pain committee re-
13 garding my appeal. Dr KO prescribed bentyl on
14 5/15/15. (see exhibit G pg 18.) I also received a 1st
15 level response on appeal. (see exhibit I 1-16.)
16 I wasn't satisfied with the response on first
17 appeal they did the same thing. They partially
18 granted it. Then on 2nd level denied it. I was
19 waiting for a response from pain committee. Also
20 my records from San Quentin and my outside doctor.
21 I put in 3 sick call slips to see the doctor in order to get
22 results from pain committee. Also so I could proceed to
23 2nd level on my appeal. I finally get to see the doctor
24 Later, He said it would be easier for him if he had a
25 printout or email from the committee so we can go
26 over the recommendations. I also seen the RN
27 5/25/15 from severe side effects I was having
28 from the psychotropic medication I was

1 receiving from Dr. ploesser, I had sexual side
2 effects, impotence, stinging and burning on my
3 genitals and other irritations. (see exhibit G pg 20, 21)
4 I also seen Dr KO 6/3/15 for the same issues. (see
5 exhibit G pg 22.) I also proceeded to 2nd level on my
6 appeal. (see exhibit I 1-6.)

7 I seen Dr KO on 6/24/15. Finally to review the
8 pain committee notes. He had finally recieved an
9 email from the committee I told him how I felt
10 about him making me wait more then a month before
11 getting the results. Also of his incompetence and for
12 his negligence. Told him I was hoping to see another
13 doctor for my health care. He advised me to put in an-
14 other appeal for that as well. He explained he could not
15 Just make tramadol, gabepentin, ect Just appear out
16 of thin air. Their both unformulary. I asked him for
17 a list of formulary medications that might be helpful
18 for my symptoms. He does not know. He only has one
19 guide and hes not willing to share. I explained that I
20 needed the results from pain committee in order to pro-
21 ceed with an appeal. Again he shrugged his shoulders
22 and started talking fast while rushing me out of his
23 office, I was also disappointed about the hepatitis C
24 tx. They denied my appeal because I didn't meet the
25 guide lines. Then in his notes he states, here today to
26 review pain committee 5/21/15; recommendations.
27 LAB UA not done (refused) which wasn't a drug
28 test. It was for the side effects I was having

1 From the psychotropic medications. Then he states
2 narcotics are not indicated (to pts disappointment
3 (see exhibit G pg 23.) Also (see exhibit G pg 19.) He
4 has tried tylenol, IBprofen, topical creams as well as
5 acupuncture in the community. with no benefit.
6 He reports benefit from Norco, tramadol and gabapent
7 on the streets. Recommendations ① No narcotics
8 are indicated and could worsen symptoms. ② mental
9 Health consider medication change to address
10 both anxiety and I.B.S symptoms. ③ Further
11 evaluate I.B.S and consider Dicyclomine or other
12 treatment. Also (see exhibit A 1-15.) (I.B.S Facts.
13 medication pg 8.) medications may consist of stool
14 softeners and laxatives in I.B.S-C and anti-
15 diarrheals (eg opiate, opioid or opioid analogs such as
16 Lopermide, codiene, diphenoxylate) in I.B.S-D for
17 mild symptoms and stronger opiates such as morphine
18 and oxycodone for severe cases. I also received 2nd
19 level appeal response. (see exhibit I 1-6) no narcotics
20 were indicated could worsen symptoms, appeal denied.
21 (see exhibit B 1-77.) I seen a specialist and a pcp
22 for I.B.S for over a year on pain management taking
23 narcotic pain medication. I weighed 190 lbs went to
24 a gym 4 days a week and was enrolled in college.
25 I also seen Dr Ko 7/14/15 for F/U I was suffering
26 anxiety and turmoil and other symptoms related to
27 I.B.S. I was having sexual side effects from the
28 psychotropic medication. (see exhibit G pg 24.) Also

(see exhibit G pg 25.) I Filed my health care appeal to 3rd level 8/5/15. (see exhibit I 1-6) (also see exhibit H 1-26.) medications records from 1/22 - 8/18/15 mental Health while in CMF;

I started seeing the psychiatrist in crisis bed shortly after I had arrived. I was cop level of care and really didn't participate in groups or treatment until April 2015. After I agreed to participate in groups meet with a clinician and work on a treatment plan. I met with Dr. ploesser and another psychologist. They prescribe gabepentin and strattera to treat my Attention Deficit Disorder and pain. They said if I continued to take medications and program. They wouldn't have a problem changing my Level of care to cccms, so after 3 months they changed my level of care. I also seen I.C.C committee and was put up for transfer in June 2015. I transferred from CMF 8/18/15. After receiving an RVR for Attempted murder on an officer.

Corcoran state Prison

They transferred me to Corcoran state Prison. The crisis bed. when I arrived at CSP I seen the psychiatrist and clinician in MHCB. They stopped all of my medications for ADHD, anxiety, insomnia, and abdominal pain. They had given me a new diagnosis of bipolar and the medications I was on were counter effective. Dr Marchak prescribed Lithium and Zyprexa and threatened me into

1 taking them by force. IF I didn't take them on my
2 own she would set me up for court and try me as a
3 Kayhea case. I filed a 602 while I was in crisis bed
4 for medications and another appeal for property. I
5 never transpacked and my property was never re-
6 covered. I was in crisis bed from 8/18/15 to 9/9/15
7 before getting housed in corcoran shu. They dropped
8 the Kayhea because I never refused the medication
9 I stopped taking them as soon as I was placed in the
10 shu. I seen the psychiatrist and clinician in the shu.
11 I had already stopped taking the meds. I asked the
12 psychiatrist if she could continue me on the medication
13 prior to crisis bed. Gabapentin, remeron, and strattera
14 she refused and said they were unformulary. She
15 could lose her job. Also they were not indicated
16 for me. I explained to her that I followed a tx
17 plan and medication order for months that lead to
18 me being changed from eop level of care to ccms
19 level of care and could program on a gp yard. she
20 still refused. I filed an appeal and it was denied. I
21 went to I.D.T and told them I wanted to be
22 discharged. They said after 6 months no medicat-
23 ion no new symptoms I would be dropped from the
24 delivery system. So thats what I did. I stopped tak-
25 ing the medications, seeing the clinician and in
26 march 2016. I went to I.D.T and was discharged.

27
28 I started seeing medical for my chronic pain. I was

1 asked questions regarding my pain level, symp-
2 toms and medications. Also medications that were
3 helpful. I gave them a brief history of medications
4 along with treatment. again they explained to me
5 that gabapentin is not indicated or any other narcot-
6 ics. They referred me back to mental Health for the
7 gabapentin. said it was given to me for mood stability.
8 I continued to inquire about diets, medication and
9 treatment. The nurses and doctors said they would re-
10 view my records and recent blood labs. They would take
11 more stool samples, IF diarrhea, pain, bloating, ect. had
12 persisted. no other tx available. I also asked about a
13 dietician, religious services in order to set up a med-
14 ical diet that would ease some of my pain and other
15 symptoms. I was told by the doctor no dietician will
16 come to see me in the shu. I contacted religious ser-
17 vices and recieved a religious diet. The halal
18 diet doesn't provide processed meats. I also have
19 issues digesting some vegetables, bread, cereal, ect. It
20 tended to add to my stomach issues. (see exhibit J 1-16.)
21 (see exhibit J pg 2.) "I want my gabapentin back for
22 I.B.S and pain from surgeries. I haven't even been
23 there a week in the shu and they are already discrim-
24 inating against me. I never said that. I believe they
25 are using this tactic to insinuate I'm a drug addict.
26 (see exhibit J pg 3.) primary care provider notes dated
27 9/23/15, Abdominal issues, request gabapentin for pain.
28 (see exhibit J pg 4.) "I want to see a doctor, I want my

1 tramadol renewed". (see exhibit J pg 5.) pt now says the
 2 gabapentin was given to him in the County Jail and he
 3 was diagnosed with scaring and nerve damage by an M.D
 4 on the street and given gabapentin then. (see exhibit J pg 6, 7.
 5 constipation /diarea encounter form. I also recieved 3rd
 6 level appeal response which was denied. (see exhibit I 1-6.)
 7 which has exhausted my administrative remedies on 10/30/15.
 8 Also on the ^{2nd level of review} ~~directors review~~ it ends explaining the title 15
 9 code of regulations. Inmates may not demand particular med-
 10 ications or care, ect. Like I was threatening them in some
 11 way. Also he explains that the information, pain committee
 12 notes, and all pertinent Dr records from vista health were not
 13 considered in my appeal because they were not initially part
 14 of the 1st level appeal. I didnt recieve any attachments
 15 or records until after I had recieved the 2nd level response.
 16 In January 2016, I started seeing the RN and doctors for
 17 weight loss along with my diet concerns. I observed
 18 changes in my stool, bloody and mucous. They did more labs
 19 collected stool samples, ect. They would not treat my issues,
 20 only prescribe over the counter medications for my symptoms.
 21 refused to work out a medical diet that would help with pain
 22 and other symptoms. never did get results from stool samples
 23 or blood labs. (see exhibit J pg 10.) progress notes, weight 142 lbs
 24 (see exhibit J pg 9.) RN please weigh pt once a week;
 25 dated 1/17/16. (see exhibit J pg 11.) progress notes dated
 26 1/21/16. In these notes she says my weight fluctuates
 27 when? It has never been lower then 160 lbs. When I
 28 was on pain medication and seeing a doctor at Vista

1 health my weight never went below 180 lbs and I was
2 dieting and exercising at a gym 4 times a week. Also she
3 says I'm complaining am not happy multiple times. Also
4 she states I refused all ordered labs. That is a lie. I
5 did Blood tests and stool samples. They never had the re-
6 sults for me. In the assessment plan she says shes go-
7 ing to order all new labs, prescribe all meds, see me ev-
8 ery week to take my vitals and observe my weight.
9 They never did any of that. They seen me on the 19th
10 RN smothermon. She documented my weight that was
11 it, no tests, no nothing for 7 weeks. (see exhibit Jpg 12)
12 I seen the doctor and RN Balbina on 3/1/16 for my
13 on-going issues. I was hoping to start in with the labs
14 and other treatments. she had ordered, she ordered
15 nutritional drinks for my weight loss. again I explained
16 my diet concerns and other issues I was having to cer-
17 tain foods. I had asked to talk to a dietician. she
18 said a dietician refuses to come to the shu behind safe-
19 ty concerns. I again tried to coordinate something w/
20 Diet Kitchen and religious services because she refused
21 to assist with a medical diet. (see exhibit Jpg 13, 14, 15, 16.)
22 (see exhibit K 1-21.) medication records from 8/18/15 to
23 4/18/16. on 4/15/16 I was told to transpack my property
24 that I was being transferred to Pelican Bay state Prison
25 I refused, told them I was given a projected merd of May
26 2017 in the shu. I have a medical condition. I havent
27 been to I.C.C committee and put up for transfer. They
28 explained if I wasn't willing to pack, that they will tran-

1 offer me with force the following Monday without any of
2 my property. I still refused and I was cell extracted.

3 Pelican Bay State Prison

4 I arrived at pelican Bay 4-18-2016. I was trans-
5 ferred from Corcoran state prison shu special transport
6 After I was cell extracted and charged with a battery
7 on an officer. (See exhibit L pg 1, transfer information.) I
8 was housed in PBSP shu until 4-22-16. I had seen a
9 doctor from Mental Health. She explained that there
10 had been a mistake. I would be excluded from the
11 shu. I would be housed in short term restrictive
12 housing at the CCMS level of care until I seen I.C.C
13 committee. At I.C.C I was told PBSP has a diffe-
14 rent policy then CSP. I would have to be medicat-
15 ion free for one year before they consider dischargin
16 me from the mental Health delivery system. upon
17 arrival I was prescribed several KOP medications.
18 (see exhibit L pg 2, 3) initial screening dated 4-19-16.
19 As soon as I arrived I had seen medical for my iss-
20 ues. I was still suffering w/ chronic pain, diarrhea,
21 dyspepsia, difficulty urinating, bloody stool, problems
22 with sleep, eating and defecating. I also had injuries
23 from the cell extraction. (see exhibit L pg 4, 5). I
24 seen the N.P 5-10-16. she stated my medications
25 were going to be d/c. That she was going to run
26 tests, again stool samples and to test if I had
27 allergies or celiac disease. (see exhibit L pg 6 and 7.)
28 The N.P d/c the medications 5-19-16. Also did lab

1 work for celiac disease and stool samples. (see exhibit
2 it L pg 7, 8, 9.) seen the RN 5-24-16 (see exhibit L 10, 11.)
3 I had also recieved the test results from the labs
4 that were done. (see exhibit 12, 13, 14.)

5 There was blood detected in my stool. I would need a
6 rectal exam. (see exhibit L pg 15.) dated 5-31-16.

7 I was seen by N.P Thomas several times. I explained
8 to both her and the RN my symptoms of chronic pain,
9 Diarrhea, problems with sleep, eating and defication.
10 I had asked her if she had a plan to treat me. She
11 stated no medication was indicated for my issues.
12 I asked about a medical diet. I explained that some
13 of the foods cause my symptoms to be worse. she told
14 me that a special diet was not indicated to just
15 avoid what seems to be more problematic. she wouldn't
16 refer me to a dietitian to work out a new diet. she
17 would not present my case to the pain committee there.
18 when I asked about pain committee she said absolutely
19 not because I'm a drug addict knowing I havent ab-
20 used drugs in years. I explained that the medication
21 I was prescribed helped me deal with my symptoms. she
22 said no medications were indicated. I explained that
23 without the nutritional drinks I was likely to experience
24 wt loss. They weren't indicated either.

25 I believe that her agenda was to cut me off of
26 the medications that helped me with my symptoms so
27 I would have to rely on psychotropic medication to
28 get any relief. I was in serious pain. I dealt with

1 diarrhea, nausea, problems with sleep, eating, and defecatio
2 When I arrived at PBSP I was taking no psychotropic
3 medications, I had just been discharged from the
4 mental Health system in March 2016. Now I had to
5 rely on medications that would help w/ sleep and
6 other issues. I decided to go on a Hunger strike
7 because of my serious pain and other symptoms. I have
8 issues with anything I eat. She had d/c the medication
9 that helped with certain symptoms. She wouldn't offer
10 me a special diet or other accommodations. She wouldn't
11 take my complaints to pain committee. I had to rely on
12 psychotropic medication for sleep and other symptoms.
13 I refused to eat until she re-issued medications and
14 provide a medical diet. (see exhibit L pg 16, 17.) dated
15 6-6-16, I was seen by NIP Thomas 6-7-16 for an
16 rectal exam. I felt uncomfortable. She was going
17 to perform the exam. I explained that I would
18 feel more comfortable with a male doctor. She said
19 he was not available. I also asked for it to be in pri-
20 vate. She said that without custody present there will
21 be no exam. I was really concerned about my health
22 and I let her and the RN perform the exam.
23 (see exhibit L pg 18, 19.) dated 6-7-16, I was on strike
24 from June 1st to June 12th (see exhibit L pg 20, 21). 128-B
25 general chrono. Also (see exhibit L pg 22, 23, 24, 25.) I was
26 having side effects from the medications. While on hunger
27 strike NIP refused to issue a medical diet or previous medication
28 She said I was like a child manipulating her and throwing

1 a tantrum. she said she wouldn't consider any medications
2 until I started eating. I had also recieved a package with
3 hygiene and other things I needed. custody would not give me
4 my package until I started eating. During strike I Lost near-
5 ly 20 lbs. I was given no special diet, medication or even any
6 vitamins or protien shakes when I started eating again. The
7 Food made me sick, nauseated and I had a hard time
8 holding anything down for a few days. (see exhibit L pg 26, 27)
9 dated 6-15-16, I also Filed a 602. (see exhibit M pg 1-6.) I
10 Filed a 602 because N.P Thomas refused to prescribe the med-
11 ications that I was previously also she wouldn't refer me to
12 the dietician to get a specific diet for my needs. she refused to
13 present my case to pain committee. see exhibit L pg 28, 29.)
14 dated 6-29-16, I was interviewed for 602 (see exhibit L pg 30.)
15 dated 7-5-16, I was notified I would be transferring to anot-
16 her facility. The D.A decided to prosecute my RVR for Attempt
17 ed murder. I was going out to court. When I got on the bus
18 I asked if I was able to use the restroom. I had to go. I
19 have to use the toilet frequently. Transport said they cant
20 accomodate me, 'I'm's are belly chained and unable to sit
21 down and go. I was escorted back to R & R. (see exhibit L pg
22 31, 32.) was on bus for transport this am bus turned around
23 and brought him back pt asked for help on the bus to use
24 the restroom. I was rehoused in ASU. Then I was put on
25 a special medical transport and transferred to solano state
26 prison for court. (see exhibit N pg 1-4.) I was in solano
27 from 7/15/16 - 7/25/16 while attending court. I arrived at
28 PBSP 7-25-16. (see exhibit O pg 1-3.). My next court date

1 was 10/7/16. I had a very tough time coming back on
2 the bus. The ride was for over ten hours. I had to
3 fast before hand because they refused to give me a
4 special medical transport, which cuts the time in half.
5 Upon arriving back to Pelican Bay state Prison I had
6 recieved my first level response for an Health Care Appeal
7 for medications and diet. (see exhibit M pg 3.) Appeal partial
8 granted dated 8-2-16. 1.) to continue me on medications
9 denied, cannot self diagnose illness and prescribe medication
10 you have been prescribed medication when clinically indi-
11 cated. The chief medical executive (CME) Dr. D. Jacobsen
12 D.O denied me medications and medical diet. The same
13 CME I sent a request for interview form requesting him
14 to present my case to pain committee. He responded to
15 it said he would present my case and never did. I
16 never self diagnosed or attempted to prescribe med-
17 ications. I have an extensive history of doctors
18 and specialists including an gastroenterologist who
19 have diagnosed me and prescribed medications. (see
20 exhibit B Vista Health Records). (see exhibit G pg 19.)
21 pain committee recommendations. I received the 2nd
22 level response 9/13/16. (see exhibit M pg 4.) Dissatisfied
23 w/ the 1st level appeal response. You allege N.P Thomas
24 and the rest of medical staff are discriminating again-
25 st you and your 8th admendment right, cruel and un-
26 usual punishment. There is no evidence to support your
27 claim that you are being denied adequate medical
28 care or that health care staff is being deliberately

1 indifferent to your medical needs. The reason for
2 N.P Thomas and other medical staff would not present
3 my case to pain committee and prescribe medication
4 was because I have a documented drug history.
5 which is discrimination if a person without a drug
6 history can get different care. Also I ^{was} previously pre-
7 scribed medication by doctors and specialists. The
8 same medications she states are not indicated. The
9 allegation of denial of medical care amount to inte-
10 ntionally interfering with the treatment once pre-
11 scribed. Which the supreme court has specifically
12 cited as an example of unconstitutional deliberate
13 indifference to a prisoners medical needs. Estelle v.
14 Gamble, 429 U.S 97, 105 97 S.ct 285 (1976).

15 I was scheduled to have a consultation with
16 an outside provider. A gastroenterologist Dr. Pal-
17 mer for a colonoscopy because I had blood in my
18 stool. I was referred by N.P Thomas. (see exhibit
19 0 pg 4, 5, 6) dated 9-13-2016. I answered all his
20 questions as he did an exam. He said he would be
21 scheduling me to have a colonoscopy in the near
22 future. In his report he goes on explaining my
23 history, medications, examinations, ect. Then at
24 the end for Assesment and plan it states, Blood
25 in stool (578.1 / K92.1) today's impression: with muc-
26 ous in the stool, crampy abdominal pain and wt loss, for
27 colonoscopy w/ biopsy and polypectomy. States he
28 will perform a biopsy and polypectomy. that he ex-

1 plained the risks of colonoscopy and educated the
2 patient. That is a Lie, we never discussed a biopsy
3 or polypectomy. He stated he will perform a colonoscopy
4 and Look for anything that could be serious. He never
5 educated me on having a biopsy or any of the risks
6 he stated here. Then it states I have Anxiety and
7 Depression (300.00/F41.9).

8 I seen the telemed 9/30/2016. I explained all my
9 issues and history, answered all her questions. The RN
10 did an exam and the doctor prescribed dicyclomine and
11 other medication for the I.B.S. I was scheduled to go
12 back to court 10/7/16. I was told that I wouldn't
13 be provided with a special medical transport even
14 though transportation already told the R.N that
15 they couldn't accommodate me on the transport.
16 (see exhibit L pg 31, 32.) I had a medical hold until
17 I went for the colonoscopy and couldn't transfer
18 out to court until it was complete. A day before I
19 went for the procedure, I needed to go on a clear Liq-
20 uid diet. I was escorted to the examination room
21 to speak with the R.N by C/O Hurley. I had
22 discussed with R.N Fellows about the procedure
23 and preparing for the colonoscopy. I would need
24 to go on a clear Liquid diet before the procedure.
25 She gave me the instructions along with a contain-
26 er of Gatorade, tea and chicken broth. The next
27 day I could have a light breakfast before I dr-
28 ank the solution that would clear my bowels

1 Then I would need to drink the Gatorade and
2 Broth. As soon as I recieved these directions %
3 hurley turned to me and said, "do you want me to
4 tell the rest of the officers that you are having this
5 procedure and not to serve you food because
6 you need to fast. In case you don't remember?
7 I said no. You have nothing to do with what I
8 am having done. Then RIN fellows said, "no its
9 on him if he decides to fast before this procedure or
10 not". The next morning I was planning on having a
11 light breakfast. Then I would receive the solut-
12 ion from the RIN at noon. At that time I would
13 clear my bowels and drink the Gatorade and Broth
14 instead of eating dinner. So I could have the pro-
15 cedure done the following morning. In the morning
16 the % usually open the tray slot and hand you
17 your tray. I was at my door when the guard rolled
18 the cart by my door. I said Hey wheres my tray? she
19 pointed behind her. Then I heard % hurley shout, no
20 McCurdy! you have that procedure. She was a few
21 cells down. Then she comes to my door with the other
22 cart with box lunches. usually they have 1 cart for
23 the breakfast trays and 1 cart with lunches, she shout-
24 ed on the tier that shes not giving me breakfast or
25 lunch because of my colonoscopy. Where everyone on
26 the tier and the other officers could here, I told her
27 that I could have a light breakfast and I wanted
28 to save my box lunch for after the procedure. I

1 said that she did have nothing to do with my medical
2 ical procedure. That she can't refuse me my breakfast
3 or lunch. She had a lunch in her hand and she put it
4 forward and said, Are you going to do the procedure?
5 I said, It was none of her business and that I
6 had the right to keep my medical information confidential.
7 She said if I am calling it off she will
8 give me the lunch. I said I planned on doing the
9 procedure but I wanted my breakfast and lunch.
10 She pulled the lunch back and said then I can't
11 give you the lunch. I was angry at her and told
12 her that my medical information is none of her business
13 or anyone else. That she had no right to be
14 talking about my business on the tier or anywhere
15 else. She said that she was told to do that. I blocked
16 my window with paper so I could talk to the sergeant.
17 The Sgt. came back with C/O Hurley wanting to
18 discuss my procedure cell front. I told him I requested
19 my breakfast. He refused to give me my breakfast
20 or lunch. At noon psych-tech Bragger came
21 with the jug of colon-cleanser. I explained to him
22 the situation. I said that Hurley had refused me
23 breakfast. He said that they didn't think I was
24 serious about the colonoscopy. He overheard that
25 C/O Hurley had a bet that I would call it off, that
26 she was trying to call my bluff. He gave me the
27 cleanser and I went for the procedure the next
28 morning. Again me and Dr. Palmer never discussed

1 a biopsy or anything else except the colonoscopy.
2 They transferred me to Eureka. I had the colonos-
3 copy done and I was back to PBSP before dinner. I
4 was scheduled to transfer the next morning to
5 Solano for court. The psych-tech sent all my me-
6 dications to R&R so I can transfer with my
7 meds. I had just received a 90 day supply of
8 Dicyclomine for irritable bowel syndrome. the
9 next day when I arrived at R&R for transport. I
10 was given my morning meds. They didn't receive
11 the dicyclomine which is for pain and cramping.
12 It's an anti spazmatic. They said that the medi-
13 cation would not be going with me. while in Sol-
14 ano I had a serious attack. I had excruciating
15 pain in my chest and lower abdomen. when I
16 went to T.T.A. I talked with the doctor. He then
17 prescribed a 30 day supply of Dicyclomine, diarrhea
18 medication and minto. Upon arriving back to
19 PBSP All these meds were d/c again. I filed a 602
20 ADA request for special medical transport. They had
21 refused me a special medical transport. I had skip-
22 ip dinner and breakfast. I was very sick on the
23 bus. I could not use the toilet and even though
24 I fasted I still soiled my underwear. I filed the
25 602 10/15/16 (see exhibit P pg 1-9.) I also filed
26 an appeal for a lower bunk chrono dated 10/20/16.
27 (see exhibit Q pg 1-7.) I am currently in the shu for
28 several rules violations. My merd which is when I should

1 be released from ad-seq to General population was in
2 October of 2017. I wanted to make sure that when
3 I get released to Gp I will not have issues with
4 an cell mate, over having to use the toilet freq-
5 uently and at a moments notice. not only during
6 the day, but during all hours of the night. I also
7 seen the N.P. I wanted to know why they d/c the
8 medications that I was prescribed. she stated that
9 medication is not indicated. she said the results
10 from the colonoscopy were normal. that they had
11 discovered internal hemorrhoids. which could be the
12 reason for the blood in my stool. she said the diag-
13 nosis of I.B.S was no longer appropriate. That
14 my pain and other symptoms were caused by the
15 stress and anxiety. I explained that no tests
16 or procedures can be used to diagnose or rule out IBS.
17 (see exhibit A pg 1-15.) pg 5 diagnosis.) she said
18 that there is no sign of I.B.D. which is Inflamm-
19 atory bowel disease. I also explained that dicyclo-
20 mine is indicated in the treatment of I.B.S sym-
21 ptoms. (see exhibit A pg 9. anti-spasmatcs). Also
22 (see exhibit R pg 1-3.) I asked her how she was go-
23 ing to tx me? she advised me to work with my
24 psychiatrist for the anxiety and stress. I also
25 asked if she was going to treat me for the hem-
26 moroids. she said no medication or diet was in-
27 dicated at this time. I was suffering greatly with
28 severe pain, cramping, diarrhea, gas, bloating, head

1 aches, backaches, blood in my stool, sleep deprivation
2 I delt with all this for 2 months. I seen the pys-
3 chiatrist. He prescribed more medication for anxiety
4 and to help me sleep. I filed both special transport
5 and lower bunk appeals to the 2nd level. I also
6 sent a release of information for all recent med-
7 ical records and the results of the colonoscopy. I
8 went on Hunger strike Jan. 1st 2017. They had
9 changed my level of care to eop because I had
10 been decompensation. My mental Health was un-
11 stable. The N.P would not tx the I.B.S. The ceo
12 denied both of my appeals special transport, Lower
13 bunk chrono. I was hunger strike from Jan 1st
14 to Jan, 18th. I lost over 20lbs. The N.P put me
15 in crisis bed because my blood sugar level kept
16 dropping and she was concerned I was going to
17 fall out. I would receive more attention in MHCB.
18 (see hunger strike chrono, exhibit 5.) when I arrived
19 they refused me recreation or yard. now that my level of care
20 was eop I was allowed yard and recreation for a hour
21 each day. They said now that I was eop I would be
22 transferring to another institution, but they couldn't
23 transfer me on hunger strike. The psychiatrist had
24 threatened me. told me if I continued complaining
25 of pain that he was going to label me gravely dis-
26 abled and stop all my pyscotropic medication and
27 Kayhea me. Force anti-psychotics on me. I was in
28 a great deal of pain even though I havent ate any-

1 thing and the only relief that was available was from
2 the psychotropic medication I was prescribed. He
3 told me the meds I was on were worthless and
4 placebos. He also stated I was scheduled to transfer
5 where I would receive different care. I finally
6 broke and accepted my first meal. I lost over 20lbs.
7 The N.P. would not prescribe nutritional drinks or a
8 special diet.

9 California Health Care Facility

10 I transferred to sac 2/7/17. They transported me
11 on a special medical transport. so I didn't have many
12 issues with the trip. I arrived at sac later Afternoon.
13 I was there over night. In the morning I was transferred
14 to solano state prison. While at Solano I went to
15 court. I also seen medical there. The doctor prescribed
16 the medications I was previously on. Dicyclomine,
17 Lopermide, Fiber, ect. for the I.B.S. I was
18 there until Feb 28. Then I was transferred to CHCF
19 an EOP/cccms hub. As soon as I arrived I put in a
20 sick call slip to see the doctor. for medications and
21 other accommodations. I still suffer from severe pain,
22 cramping, Loss of sleep, diarrhea, gas, bloating, ect. The
23 few medications that were prescribed has helped but I
24 still suffer tremendously. For over a 3 month period I
25 put sick call slips in to meet with with a doctor at
26 CHCF. After seeing the R.N several times she explained
27 that they were short staffed and that I am still on
28 the list to just wait. I finally filed a 602 because I

1 couldn't get in to see the doctor. Title 15, 3354 (e).
2 Health Care Responsibilities and Limitations. (e) Medical
3 sick call. Each department facility confining inmates
4 shall provide scheduled times and locations for general
5 population inmates. A medical doctor, RN, or medical tech-
6 nical assistant shall make daily visits to each non-
7 general population housing unit to provide medical
8 attention to inmates unable to use the sick call se-
9 rvices provided for general population. Staff condu-
10 cting sick call shall screen medical problems appearing
11 to require further medical attention and shall evaluate
12 requests for appointments with other medical staff. A
13 facility physician shall personally visit each special-
14 ized housing unit at least once each week. The
15 doctor seen me 5/12/17. He was here to talk about
16 the 602. I explained to him that I was prescribed a
17 low dose of dicyclomine and other medications. I am
18 still experiencing severe pain and other symptoms. He
19 said I cannot do anymore for you. I asked about
20 other accommodations, medical diet, medications, etc.
21 He stated that he would refer me to mental health for
22 stress and anxiety that is all he can do to help me. I
23 explained that they have started me on a low dose of
24 dicyclomine and that while in CSP I was prescribed a
25 higher dose which was more effective for the cramping.
26 He stated that studies have shown that the medication
27 works better at a lower dose and he will not increase it.
28 I stated that even at a higher dose, the medication was

1 not all that helpful for the pain. He said then why would
2 I increase the dose? (see exhibit R pg 1-3 dicyclomine.)
3 (How should this medicine be used?)

4 The doctor refuses to treat my pain and other symptom
5 He refuses to issue a medical diet and other accommoda-
6 tions that would be helpful. I have also completed 3
7 release of information forms to receive other medical
8 records, colonoscopy results, and hunger strike notes.
9 I am unable to get any of those records for exhibits.

IV. Relief

continued From Prisoner complaint page 3 of 3.

2.) A preliminary and permanent injunction ordering defendants to prescribe unformulary medications for plaintiff's medical condition. Issue a medical diet Lower bunk chrono, and special medical transport.

3.) Compensatory damages in the amount of \$ 1,000.00 against each defendant, jointly and severally.

4.) Punitive damages in the amount of \$ 1,000.00 against each defendant.

5.) For my case that raises both federal and state law claims to be filed under the legal principle of "res judicata".

6.) A jury trial on all issues triable by jury.

7.) Plaintiff's costs in this suit.

8.) Any additional relief this court deems just, proper, and equitable.

Dated: 5/31/2017

Respectfully submitted,

James McCurdy CDC #F65620

California Health Care Facility

P.O. Box 32050, Stockton, CA

